

Sandy Bottom Nature Park
1255 Big Bethel Road
Hampton, Va. 23666
Phone: (757) 825-4495 Fax: (757) 825-4658

Adult Volunteer Application

Personal Information:

Date: _____

Name: _____ Nickname: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Phone:(H) _____ (W) _____ Other _____ Date of Birth: _____

Email Address: _____ May we add you to our volunteer mailings? Yes ___ No ___

Emergency Contact Information:

Name: _____ Relationship: _____
Last First Middle

Phone:(H) _____ (W) _____ Other _____

Education:

Please check all that apply:

High School graduate: Yes ___ No ___ If yes, please list the school: _____

Undergraduate degree: Yes ___ No ___ If yes, please list your major _____

Graduate degree: Yes ___ No ___ If yes, please list your major _____

References:

Please list two people, other than relatives, who would be willing to serve as personal references:

Name: _____ Relationship: _____
Last First Middle

Phone:(H) _____ (W) _____ Other _____ Years/Months known: _____

Name: _____ Relationship: _____
Last First Middle

Phone:(H) _____ (W) _____ Other _____ Years/Months known: _____

Have you ever been convicted of a felony? Yes ___ No ___ If yes, please explain: _____

Please continue on other side

Employee Information:

Current Employer:_____ Position/Title:_____

Supervisor:_____ Phone:_____ Years/Month Employed:_____

My employer offers a Time-Off Program? Yes___ No___

Previous Employer:_____ Position/Title:_____

Supervisor:_____ Phone:_____ Years/Months Employed:_____

Reason for leaving:_____

Volunteer Information:

Skills and Interest:_____

Special Achievements/Awards:_____

Previous Volunteer Experience/Organizations:_____

Why would you like to volunteer with us?:_____

In what area(s) would you like to volunteer?_____

Please list the days and hours you are available to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you have any health limitations that could affect your volunteer assignment? Yes___ No___ If yes, please explain:_____

How did you learn about the volunteer opportunities at the park?_____

Applicant Certification:

I certify that the above information is complete and true to the best of my knowledge and has been given voluntarily. I authorize Sandy Bottom Nature Park and/or Bluebird Gap Farm to contact employers and references listed above concerning my work experience. I understand that discovery of any misrepresentation or omission of the facts in this application may be cause of my immediate dismissal.

Volunteer Signature:_____ Date:_____

Staff Signature:_____ Date:_____